

Instructions for filling out the Newcomer Health Supplemental Data Collection Form

The purpose of the Newcomer Health Supplemental Data Collection Form is to capture data requested by the Virginia Department of Social Services Office of Newcomer Services (ONS) to comply with data and grant requirements of the federal Office of Refugee Resettlement (ORR). The Newcomer Health Program (NHP) will collect the information and send it to ONS in aggregate, who will, in turn, submit the information to ORR.

Forms should be completed in their entirety before being sent to the NHP and sent to the NHP once a month. These fully completed forms are required before districts will be reimbursed for completed refugee health screenings. Incomplete forms will be returned to the LHD for completion.

1. Place an encounter label in the box at the top left of the form. If an encounter label is not available, please **PRINT** all of the information in the box if it is not already present.
 - a. Name
 - b. DOB
 - c. Pt# - this is the Web Vision ID number, please fill this in for all clients
 - i. For Fairfax County, please fill in your unique Patient ID #
 - d. Encounter # for the Initial Screening, please fill this in for all clients
 - i. For Fairfax County, please fill in your unique patient visit #
2. Please fill in information for all fields:
 - a. Alien ID#
 - b. Date of Arrival to U.S.
 - c. VOLAG (Voluntary Agency sponsoring the refugee)
 - d. Health District – fill in which health district completed the initial health screening
3. Indicate whether or not the refugee received an initial health screening by checking the appropriate box.
 - a. Fill in the date of the initial assessment.
 - i. If the assessment is completed over multiple dates, please use the date the refugee was **first seen** at the LHD
 - b. If the refugee was NOT seen for an initial health screening, please indicate the reason why by checking the appropriate box
4. Assessment Findings
 - a. Indicate whether the client is male or female
 - b. Indicate whether findings were or were not within normal limits and whether or not a referral was made for:
 - i. Dental
 - ii. Hearing
 - iii. Vision
 - iv. Nutrition
 - v. Developmental Assessment (children only; American Academy of Pediatrics recommends developmental screening from 9-30 months of age)

- c. Indicate whether or not a pregnancy test was done, what the results were, and whether or not a referral was made
 - d. Indicate whether or not referrals were made for:
 - i. Diabetes
 - ii. HTN
 - iii. Mental Health
 - iv. Suicidal Thoughts
 - v. Neurology
 - vi. GI issues
 - vii. Orthopedics
 - viii. OBGYN
 - ix. Infectious Disease
 - x. HIV
 - xi. Elevated Cholesterol
 - xii. Disability Services
 - xiii. Other (specify)
 - e. Indicate whether or not the individual was referred/linked to Primary Care
5. Laboratory Findings
- a. Indicate whether or not the test was done, whether the result was within normal limits, and whether a referral was made for:
 - i. CBC
 - ii. Metabolic Panel
 - iii. Hepatitis B
 - iv. HIV
 - v. RPR
 - vi. Urinalysis
 - vii. Hepatitis C
6. Tuberculosis Screening
- a. Indicate whether the TB test (IGRA or TST) was:
 - i. Positive
 - ii. Negative
 - iii. Not done
 - b. Indicate the result of the chest x-ray, if done
 - c. Indicate whether or not treatment was recommended for
 - i. Active TB Disease
 - ii. Latent TB Infection
7. Person Completing the Form – print the name and telephone number of the person completing the form.
8. **FAX** completed forms to the Newcomer Health Program at 804-864-7913.
9. **Forms must be returned within 30 days of the initial health assessment or districts will not receive reimbursement.**